

## CHILD ABDUCTION AND RECOVERY

Family Code Sections 3060 to 3064, 3130 to 3134.5, 3408, 3411, and 3421

Penal Code Sections 277, 278, and 278.5

Welfare and Institutions Code Section 11478.5

Chapter 1399, Statutes of 1976

Chapter 162, Statutes of 1992

Chapter 988, Statutes of 1996

### 1. Summary of Chapter 1399/76, 162/92, and 988/96

Chapter 1399, Statutes of 1976, added Sections 4600.1 and 4604 to, and amended Sections 5157, 5160, and 5169 of the Civil Code; added Section 278 and 278.5 to the Penal Code, and amended Sections 11478.5 of the Welfare and Institutions Code, which increased the level of service provided by several county departments that must become involved in child custody matters. Prior to the enactment of this statute, parents or others interested in the custody of minors received no assistance from law enforcement agencies when their interests were pursued in court. This statute requires counties to actively assist in the resolution of custody problems and the enforcement of custody decrees. To accomplish this, several additional tools were provided to the courts and enforcement agencies in this legislation, including changes in the procedures for filing petitions to determine custody and enforce visitation rights, increased authorization to issue warrants of arrest to insure compliance, and increased access to locator and other information maintained by county and state departments. These activities increased the level of service provided to the public under Title 9 of Part 5 of the Civil Code, The Uniform Child Custody Jurisdiction Act.

Chapter 990, Statutes of 1983, amended Section 4604 of the Civil Code to clarify that the enforcement requirements of this section applied to visitation decrees as well as custody decrees.

Chapter 162, Statutes of 1992, repealed Sections 4600.1, 4604, 5157, 5160, and 5169 of the Civil Code and, without substantial change, enacted Sections 3060 to 3064, 3130 to 3134.5, 3408, 3411, and 3421 of the Family Code.

Chapter 988, Statutes of 1996, the Parental Kidnapping Prevention Act, repealed Sections 277, 278, and 278.5 of the Penal Code and enacted a new statutory scheme in Sections 277, 278, and 278.5 that eliminated the distinction between cases with and cases without a pre-existing child custody order.

On September 19, 1979, the Board of Control predecessor to the Commission on State Mandates, determined that Chapter 1399, Statutes of 1976, resulted in state mandated costs that are reimbursable pursuant to Part 7 (commencing with Government Code Section 17500) of Division 4 of Title 2.

## **2. Eligible Claimants**

Any county incurring increased costs, as a direct result of this mandate is eligible to claim reimbursement of these costs.

## **3. Appropriations**

These claiming instructions are issued following the adoption of the program's parameters and guidelines by the Commission on State Mandates. To determine if funding is available for the current fiscal year refer to the schedule, "Appropriations for State Mandated Cost Programs" in the "Annual Claiming Instructions for State Mandated Costs" issued in October of each year to county auditors.

## **4. Types of Claims**

### **A. Reimbursement and Estimated Claims**

A claimant may file a reimbursement and/or an estimated claim. A reimbursement claim detail the costs actually incurred for a prior fiscal year. An estimated claim shows the costs to be incurred for the current fiscal year.

### **B. Minimum Claim**

Section 17564(a) of the Government Code provides that no claim shall be filed pursuant to Section 17561 unless such a claim exceeds \$200 per program per fiscal year.

## **5. Filing Deadline**

### **A. Initial Claims**

Pursuant to Government Code Section 17561, Subdivision (d)(3), initial claims must be filed within 120 days from the issuance date of claiming instructions. Accordingly:

- 1) Reimbursement claims detailing the actual costs incurred for the 1998-99 fiscal year must be filed with the State Controller's Office and postmarked by February 28, 2000. If the reimbursement claim is filed after the deadline of February 28, 2000, the approved claim must be reduced by a penalty of 10%, not to exceed \$1,000. Claims filed more than one year after the deadline will not be accepted.
- 2) Estimated claims for costs to be incurred during the 1999-00 fiscal year must be filed with the State Controller's Office and postmarked by February 28, 2000. Timely filed estimated claims are paid before late claims. If a payment is received for the estimated claim, a 1999-00 reimbursement claim must be filed by January 15, 2001.

**B. Annually Thereafter**

- 1) After having received payment for an estimated claim, the claimant must file a reimbursement claim by January 15 of the following fiscal year. If the local agency fails to file a reimbursement claim, monies received for the estimated claim must be returned to the State. If no estimated claim was filed, the agency may file a reimbursement claim detailing the actual costs incurred for the fiscal year, provided there was an appropriation for the program for that fiscal year. For information regarding appropriations for reimbursement claims refer to the "Appropriation for State Mandated Cost Programs" in the previous fiscal year's annual claiming instructions.
- 2) A reimbursement claim detailing the actual costs must be filed with the State Controller's Office and postmarked by January 15 following the fiscal year in which the costs will be incurred. If the claim is filed after the deadline but by January 15 of the succeeding fiscal year, the approved claim must be reduced by a late penalty of 10%, not to exceed \$1,000. Claims filed more than one year after the deadline will not be accepted.

**6. Reimbursable Activities**

For each eligible claimant all direct and indirect costs of labor, materials and supplies, contract services, training, and travel for the following activities only are eligible for reimbursement:

**A. Compliance with Court Orders**

Obtaining compliance with court orders relating to child custody or visitation proceedings and the enforcement of child custody or visitation orders including:

- 1) Contact with children and other persons involved.
  - a) Receipt of reports and requests for assistance.
  - b) Mediating with or advising individuals involved. Other departments may provide mediating services. In this case, indicate the department.
  - c) Locating missing or concealed offender and children.
- 2) Utilizing any appropriate civil or criminal court action to secure compliance
  - a) Preparation and investigation of reports and requests for assistance.
  - b) Seeking physical restraint of offenders and/or the children to assure compliance with court orders.

- c) Process services and attendant court fees and costs.
- d) Depositions.
- 3) Physically recovering the child(ren).
  - a) Travel expenses, food, lodging, and transportation for the escort and child(ren).
  - b) Other personal necessities for the child(ren). All items purchased must be itemized.

## **B. Court Costs for Out-of-Jurisdiction Cases**

Court actions and costs in cases involving child custody or visitation orders from another jurisdiction, which may include, but are not limited to, utilization of the Uniform Child Custody Jurisdiction Act (Family Code §3400 through 3425) and actions relating to the Federal Parental Kidnapping Prevention Act (42 USC 1738A) and the Hague Convention of 25 October 1980 on the Civil Aspects of International Child Abduction (Senate Treaty Document 99-11, 99<sup>th</sup> Congress, 1<sup>st</sup> Session).

### **(1) Cost of Foster Care**

The cost of providing foster care or other short-term care for any child pending return to the out-of-jurisdiction custodian. The reimbursable period of foster home care or other short-term care may not exceed three days unless special circumstances exist.

Special circumstances must be justified. A maximum of ten days per child is allowable. Costs must be identified per child, per day. Costs must be reduced by the amount of state reimbursement for foster home care received by the county for the placed child(ren).

### **(2) Transportation Costs**

- a) Travel, expenses, food, lodging, and transportation for the escort and child(ren).
- b) Other purchases of personal necessities for the child(ren) must be itemized. Recovered costs from any party or agency must be used as an offset against costs claimed.
- c) Securing appearance of the offender and/or child(ren) when an arrest warrants or other court order to produce the offender or child(ren) has been issued.

- i) Cost of serving arrest warrant or order and detaining the individual in custody, if necessary, to assure appearance in accordance with the arrest warrant or order.
  - ii) Cost of providing foster home care or other short-term care for any child requiring such because of the detention of the individual having custody. The number of days for the foster home care or short-term care shall not exceed the number of days of the detention period of the individual having physical custody of the minor.
- d) Return of the illegally obtained or concealed child(ren) to the legal custodian or agency.
- i) Cost of food, lodging, transportation, and other personal necessities for the child(ren) from the time he/she is located until he/she is delivered to the legal custodian or agency. Purchases of personal necessities must be itemized.
  - ii) Cost of an escort for the child(ren), including cost of food, lodging, transportation, and other expenses where such costs are a proper charge against the county. The type of escort utilized must be specified.
  - iii) Any funds received as a result of costs assessed against a defendant or other party in a criminal or civil action for the return or care of the minor(s) or defendant, if not part of a criminal extradition, must be shown and used against these costs.

## **7. Reimbursement Limitations**

- A. Reimbursement is not allowed for costs associated with criminal prosecution, commencing with the defendant's first appearance in a California court for offenses defined in Sections 278 or 278.5 of the Penal Code, wherein the missing, abducted, or concealed child(ren) has been returned to the lawful person or agency.
- B. Any offsetting savings or reimbursement the claimant received from any source including, but not limited to, service fees collected, federal funds, and other state funds as a direct result of this mandate shall be identified and deducted so only net local cost is claimed.

## **8. Claiming Forms and Instructions**

The diagram, "Illustration of Claim Forms," provides a graphical presentation of forms required to be filed with a claim. A claimant may submit a computer generated report in substitution for forms CAR-1 and CAR-2 provided the format of the report and data fields contained within the report are identical to the claim forms included in these instructions. The claim forms provided with these instructions should be duplicated and used by the claimant to file estimated or reimbursement claims. The State Controller's Office will

revise the manual and claim forms as necessary. In such instances, new replacement forms will be mailed to claimants.

#### **A. Form CAR-2, Component/Activity Cost Detail**

This form is used to segregate the detailed costs by claim component. A separate form CAR-2 must be completed for each cost component being claimed. Costs reported on this form must be supported as follows:

##### **1) Salaries and Benefits**

Identify the employee(s) and/or show the classification of each employee(s) involved. Describe the mandated functions performed by each employee and specify the actual time spent, the productive hourly rate, and related fringe benefits.

The average number of hours devoted to each function may be claimed if supported by a documented time study. A time study may be appropriate for functions that are relatively short in duration and repetitive. If the claim is based on a time study, submit with the claim all documentation for the Controller's review of the study's precision and reliability.

Reimbursement of personnel services includes compensation paid for salaries, wages, and employee fringe benefits. Employee fringe benefits include regular compensation paid to an employee during periods of authorized absences (e.g. annual leave, sick leave) and the employer's contribution to social security, pension plans, insurance, and workers' compensation insurance. Fringe benefits are eligible for reimbursement when distributed equitably to all job activities that the employee performs. However, benefit rates must be itemized. If no itemization is submitted, 21 percent must be used for computation of claimed costs.

Source documents required to be maintained by the claimant may include, but are not limited to, employee time records that show the employee's actual time spent on this mandate.

##### **2) Materials and Supplies**

Only expenditures that can be identified as a direct result of this mandate may be claimed. List the cost of materials consumed or expended specifically for the purpose of this mandate. These may include communication devices, memberships, subscriptions, or publications that are necessary for the performance of this mandate. The cost of materials and supplies that are not used exclusively for the mandate is limited to the pro rata portion used to comply with this mandate. Purchases shall be claimed at the actual price after deducting cash discounts, rebates, and allowances received by the claimant. Supplies that are

withdrawn from inventory shall be charged based on a recognized method of costing, consistently applied.

Source documents required to be maintained by the claimant may include, but are not limited to, invoices, receipts, purchase orders, and other documents evidencing the validity of the expenditures.

3) Contract Services

Give the name(s) of the contractor(s) who performed the services. Describe the activities performed by each named contractor, actual time spent on this mandate, inclusive dates when services were performed, and itemize all costs for services performed. Attach consultant invoices with the claim.

Source documents required to be maintained by the claimant may include, but are not limited to, contracts, invoices, and other documents evidencing the validity of the expenditures.

4) Fixed Assets

List the purchase price of equipment and other capital assets acquired for the purpose of this mandate. These may include vehicles, or office equipment that are necessary for the performance of this mandate. Purchase price includes taxes, delivery, and installation costs. Explain the use of each asset. If an asset is acquired for the subject state mandate, but is utilized in some way not directly related to the program, only the pro-rated portion of the asset that is used for purposes of this program is reimbursable.

Source documents may include, but are not limited to, general and subsidiary ledgers, purchase orders, receipts, canceled warrants, inventory records, and other documents evidencing the purchases.

5) Travel

Travel expenses for mileage, per diem, lodging, and other employee entitlements are reimbursable in accordance with the rules of the local jurisdiction. Give the name(s) of the traveler(s), purpose of travel, inclusive dates, destination points, and costs.

Source documents required to be maintained by the claimant may include, but are not limited to, receipts, employee travel expense claims, and other documents evidencing the validity of the expenditures.

## 6) Training

The cost of training for activities specified in 6 A. and B. may be claimed. Give the title and subject of the training session, dates, location, and name(s) of the employee(s) attending training associated with the mandate. Reimbursable costs include, but are not limited to, salaries and benefits of personnel conducting or attending the training, registration fees, transportation, lodging, and per diem. Child abduction training scheduled during the California Family Support Council's conferences, the annual advanced child abduction training sponsored by the California District Attorney Association, and all other professional training are reimbursable.

Source documents may include, but are not limited to, employee travel expense claims, receipts, training agendas, and other documents evidencing the training expenses.

For audit purposes all supporting documents must be retained for a period of two years after the end of the calendar year in which the reimbursement claim was filed or last amended, whichever is later. If no funds are appropriated for the initial claim at the time the claim was filed, supporting documents must be retained for two years from the date of the initial payment of the claim. Such documents shall be made available to the State Controller's Office on request.

### **B. Form CAR-1.1, Reimbursement Source Summary**

On form CAR 1.1 show details of any reimbursement received from the individuals or agencies involved in these cases. Show the total amount of such reimbursements as a reduction of the amount claimed on form CAR-1. In addition, costs claimed must be reduced by the amount recovered from the charges imposed by the court.

Any amount received by a county and forwarded directly to the state must be reported on form CAR-1, but will not reduce the amount of the claim.

### **C. Form CAR-1, Claim Summary**

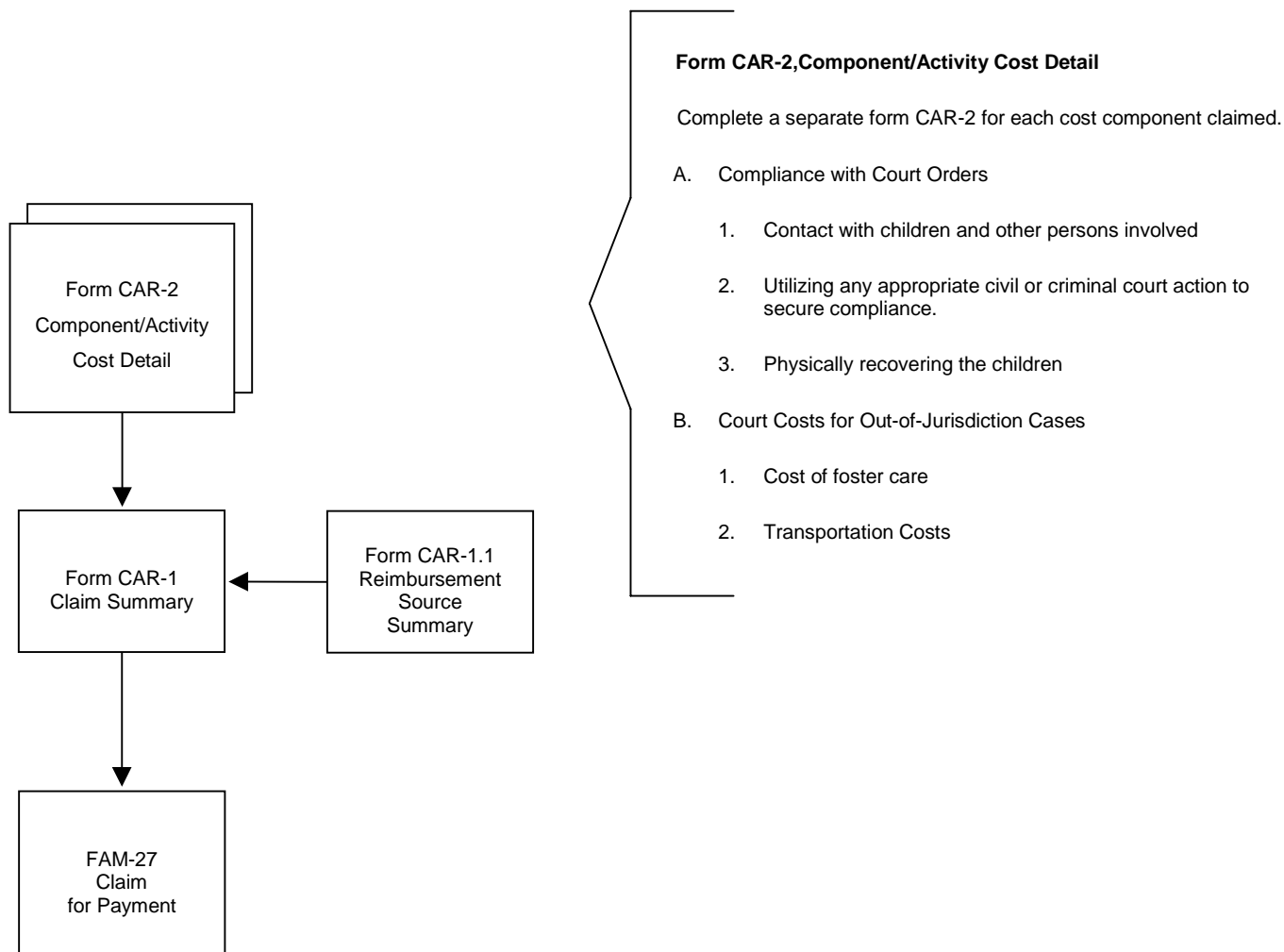
This form is used to summarize direct costs by cost component and compute allowable indirect costs for the mandate. Direct costs summarized on this form are derived from CAR-2 and carried forward to form FAM-27.

Indirect costs are eligible for reimbursement utilizing the procedure provided in the OMB Circular A-87. Claimants have the option of using 10% of direct labor costs, excluding fringe benefits, or preparing an Indirect Cost Rate Proposal (ICRP) for the department if the indirect cost rate claimed exceeds 10%. If more than one department is involved in the mandated program, each department must have its own ICRP prepared in accordance with OMB Circular A-87. An ICRP must be submitted with the claim when the indirect cost rate exceeds 10%.



**D. Form FAM-27, Claim for Payment**

This form contains a certification that must be signed by an authorized representative of the local agency. All applicable information from form CAR-1 that must be carried forward to this form for the State Controller's Office to process the claim for payment.

**Illustration of Claim Forms**

<b>CLAIM FOR PAYMENT</b> <b>Pursuant to Government Code Section 17561</b> <b>CHILD ABDUCTION AND RECOVERY</b>			<b>For State Controller Use Only</b> (19) Program Number 00013 (20) Date Filed ____/____/____ (21) LRS Input ____/____/____		<b>Program</b> <div style="font-size: 2em; font-weight: bold; margin-top: 5px;">013</div>	
L A B E L  H E R E	(01) Claimant Identification Number			<b>Reimbursement Claim Data</b>		
	(02) Claimant Name					
	County of Location			(22) CAR-1, (03)(a)		
	Street Address or P.O. Box Suite			(23) CAR-1, (03)(b)		
	City State Zip Code			(24) CAR-1, (04)(1)(f)		
				(25) CAR-1, (04)(2)(f)		
<b>Type of Claim</b>		<b>Estimated Claim</b>		<b>Reimbursement Claim</b>		(26) CAR-1, (06)
		(03) Estimated <input type="checkbox"/>		(09) Reimbursement <input type="checkbox"/>		(27) CAR-1, (07)
		(04) Combined <input type="checkbox"/>		(10) Combined <input type="checkbox"/>		(28) CAR-1, (09)
		(05) Amended <input type="checkbox"/>		(11) Amended <input type="checkbox"/>		(29) CAR-1, (10)
<b>Fiscal Year of Cost</b>		(06) <b>20</b> ____/____ <b>20</b> ____		(12) <b>20</b> ____/____ <b>20</b> ____		(30)
<b>Total Claimed Amount</b>		(07)		(13)		(31)
<b>Less: 10% Late Penalty, not to exceed \$1,000</b>		(14)		(14)		(32)
<b>Less: Prior Claim Payment Received</b>		(15)		(15)		(33)
<b>Net Claimed Amount</b>		(16)		(16)		(34)
<b>Due from State</b>		(08)		(17)		(35)
<b>Due to State</b>				(18)		(36)
<b>(37) CERTIFICATION OF CLAIM</b> <p>In accordance with the provisions of Government Code §17561, I certify that I am the officer authorized by the local agency to file mandated cost claims with the State of California for this program, and certify under penalty of perjury that I have not violated any of the provisions of Government Code Sections 1090 to 1098, inclusive.</p> <p>I further certify that there was no application other than from the claimant, nor any grant or payment received, for reimbursement of costs claimed herein, and such costs are for a new program or increased level of services of an existing program. All offsetting savings and reimbursements set forth in the Parameters and Guidelines are identified, and all costs claimed are supported by source documentation currently maintained by the claimant.</p> <p>The amounts for this Estimated Claim and/or Reimbursement Claim are hereby claimed from the State for payment of estimated and/or actual costs set forth on the attached statements. I certify under penalty of perjury under the laws of the the State of California that the foregoing is true and correct.</p> <div style="display: flex; justify-content: space-between; margin-top: 20px;"> <div style="width: 60%;">           Signature of Authorized Officer   <div style="border-bottom: 1px solid black; width: 100%; margin-top: 20px;"></div> </div> <div style="width: 35%;">           Date   <div style="border-bottom: 1px solid black; width: 100%; margin-top: 20px;"></div> </div> </div> <div style="display: flex; justify-content: space-between; margin-top: 10px;"> <div style="width: 60%;">           Type or Print Name            (38) Name of Contact Person for Claim         </div> <div style="width: 35%;">           Title            Telephone Number (    )    -    <b>Ext.</b> </div> </div> <div style="display: flex; justify-content: space-between; margin-top: 10px;"> <div style="width: 60%;">           E-Mail Address         </div> <div style="width: 35%;"></div> </div>						

<b>Program</b> <b>013</b>	<b>CHILD ABDUCTION AND RECOVERY</b> <b>Certification Claim Form</b> <b>Instructions</b>	<b>FORM</b> <b>FAM-27</b>
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- (01) Enter the payee number assigned by the State Controller's Office.
- (02) Enter your Official Name, County of Location, Street or P. O. Box address, City, State, and Zip Code.
- (03) If filing an estimated claim, enter an "X" in the box on line (03), Estimated.
- (04) If filing a combined estimated claim on behalf of districts within the county, enter an "X" in the box on line (04), Combined.
- (05) If filing an amended estimated claim, enter an "X" in the box on line (05), Amended.
- (06) Enter the fiscal year in which costs are to be incurred.
- (07) Enter the amount of the estimated claim. If the estimate exceeds the previous year's actual costs by more than 10%, complete form CAR-1 and enter the amount from line (11). If more than one form is completed due to multiple department involvement in this mandate, add line (11) of each form.
- (08) Enter the same amount as shown on line (07).
- (09) If filing a reimbursement claim, enter an "X" in the box on line (09), Reimbursement.
- (10) If filing a combined reimbursement claim on behalf of districts within the county, enter an "X" in the box on line (10), Combined.
- (11) If filing an amended reimbursement claim, enter an "X" in the box on line (11), Amended.
- (12) Enter the fiscal year for which actual costs are being claimed. If actual costs for more than one fiscal year are being claimed, complete a separate form FAM-27 for each fiscal year.
- (13) Enter the amount of the reimbursement claim from form CAR-1, line (11). The total claimed amount must exceed \$1,000.
- (14) Reimbursement claims must be filed by January 15 of the following fiscal year in which costs are incurred or the claims shall be reduced by a late penalty. Enter zero if the claim was timely filed, otherwise, enter the product of multiplying line (13) by the factor 0.10 (10% penalty), or \$1,000, whichever is less.
- (15) If filing a reimbursement claim and a claim was previously filed for the same fiscal year, enter the amount received for the claim. Otherwise, enter a zero.
- (16) Enter the result of subtracting line (14) and line (15) from line (13).
- (17) If line (16), Net Claimed Amount, is positive, enter that amount on line (17), Due from State.
- (18) If line (16), Net Claimed Amount, is negative, enter that amount on line (18), Due to State.
- (19) to (21) Leave blank.
- (22) to (36) Reimbursement Claim Data. Bring forward the cost information as specified on the left-hand column of lines (22) through (36) for the reimbursement claim, e.g., CAR-1, (04)(1)(f), means the information is located on form CAR-1, block (04), line (1), column (f). Enter the information on the same line but in the right-hand column. Cost information should be rounded to the nearest dollar, i.e., no cents. Indirect costs percentage should be shown as a whole number and without the percent symbol, i.e., 34.548% should be shown as 35. **Completion of this data block will expedite the payment process.**
- (37) Read the statement "Certification of Claim." If it is true, the claim must be dated, signed by the agency's authorized officer, and must include the person's name and title, typed or printed. **Claims cannot be paid unless accompanied by an original signed certification. (To expedite the payment process, please sign the form FAM-27 with blue ink, and attach a copy of the form FAM-27 to the top of the claim package.)**
- (38) Enter the name, telephone number, and e-mail address of the person to contact if additional information is required.

**SUBMIT A SIGNED ORIGINAL, AND A COPY OF FORM FAM-27, WITH ALL OTHER FORMS AND SUPPORTING DOCUMENTS TO:**

**Address, if delivered by U.S. Postal Service:**

**OFFICE OF THE STATE CONTROLLER  
 ATTN: Local Reimbursements Section  
 Division of Accounting and Reporting  
 P.O. Box 942850  
 Sacramento, CA 94250**

**Address, if delivered by other delivery service:**

**OFFICE OF THE STATE CONTROLLER  
 ATTN: Local Reimbursements Section  
 Division of Accounting and Reporting  
 3301 C Street, Suite 500  
 Sacramento, CA 95816**

<b>Program</b> <span style="font-size: 24pt; font-weight: bold;">013</span>	<b>MANDATED COSTS</b> <b>CHILD ABDUCTION AND RECOVERY</b> <b>CLAIM SUMMARY</b>	<b>FORM</b> <b>CAR-1</b>				
(01) Claimant		(02) Type of Claim Reimbursement <input type="checkbox"/> Estimated <input type="checkbox"/>				
		Fiscal Year 20__/20__				
<b>Claim Statistics</b>						
(03) (a) Number of Cases for Compliance with Court Orders						
(b) Number of Out-of-Jurisdiction Cases						
<b>Direct Costs</b>	<b>Object Accounts</b>					
(04) Reimbursable Components  1. Compliance with Court Orders  2. Court Costs for Out-of-Jurisdiction Cases	(a)  Salaries	(b)  Benefits	(c)  Services and Supplies	(d)  Fixed Assets	(e)  Travel and Training	(f)  Total
(05) Total Direct Costs						
<b>Indirect Costs</b>						
(06) Indirect Cost Rate					[From ICRP] %	
(07) Total Indirect Costs					[Line (06) x line (05)(a)] or [line (06) x {line (05)(a) + line (05)(b)}]	
(08) Total Direct and Indirect Costs					[Line (05)(f) + line (07)]	
<b>Cost Reduction</b>						
(09) Less: Offsetting Savings						
(10) Less: Other Reimbursements						
(11) Total Claimed Amount					[Line (08) – {line (09) + line (10)}]	

<b>Program</b> <b>013</b>	<b>CHILD ABDUCTION AND RECOVERY</b> <b>CLAIM SUMMARY</b> <b>Instructions</b>	<b>FORM</b> <b>CAR-1</b>
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- (01) Enter the name of the claimant.
- (02) Type of Claim. Check a box, Reimbursement or Estimated, to identify the type of claim being filed. Enter the fiscal year for which costs were incurred or are to be incurred.
- Form CAR-1 must be filed for a reimbursement claim. Do not complete form CAR-1 if you are filing an estimated claim and the estimate does not exceed the previous fiscal year's actual costs by more than 10%. Simply enter the amount of the estimated claim on form FAM-27, line (07). However, if the estimated claim exceeds the previous fiscal year's actual costs by more than 10%, form CAR-1 must be completed and a statement attached explaining the increased costs. Without this information the estimated claim will automatically be reduced to 110% of the previous fiscal year's actual costs.
- (03) Enter the number of cases claimed for each reimbursable component.
- (a) Number of Cases for Compliance with Court Orders. Enter the number of cases processed during the fiscal year that were related to the compliance with court orders. When calculating the number of cases, a case that is open and closed and open again due to another incident, count as two cases.
- (b) Number of Out-of-Jurisdiction Cases. Enter the number of out-of-jurisdiction cases received during the fiscal year.
- (04) Reimbursable Components. For each reimbursable component, enter the total from form CAR-2, line (05), columns (d), (e), (f), (g), and (h) to form CAR-1, block (04), columns (a) to (e) in the appropriate row. Total each row.
- (05) Total Direct Costs. Total columns (a) through (f).
- (06) Indirect Cost Rate. Indirect costs may be computed as 10% of direct labor costs, excluding fringe benefits, without preparing an ICRP. If an indirect cost rate of greater than 10% is used, include the Indirect Cost Rate Proposal (ICRP) with the claim.
- (07) Total Indirect Costs. If the 10% flat rate is used for indirect costs, multiply Total Salaries, line (05)(a), by the Indirect Cost Rate, line (06). If an ICRP is submitted and both salaries and benefits were used in the distribution base for the computation of the indirect cost rate, then multiply the sum of Total Salaries, line (05)(a), and Total Benefits, line (05)(b), by the Indirect Cost Rate, line (06). If more than one department is reporting costs, each must have its own ICRP for the program.
- (08) Total Direct and Indirect Costs. Enter the sum of Total Direct Costs, line (05)(f), and Total Indirect Costs, line (07).
- (09) Less: Offsetting Savings. If applicable, enter the total savings experienced by the claimant as a direct result of this mandate. Submit a detailed schedule of savings with the claim.
- (10) Less: Other Reimbursements. If applicable, enter the amount of other reimbursements received from any source including, but not limited to, service fees collected, federal funds, and other state funds, which reimbursed any portion of the mandated cost program. Submit a schedule detailing the reimbursement sources and amounts.
- (11) Total Claimed Amount. Subtract the sum of Offsetting Savings, line (09), and Other Reimbursements, line (10), from Total Direct and Indirect Costs, line (08). Enter the remainder on this line and carry the amount forward to form FAM-27, line (07) for the Estimated Claim or line (13) for the Reimbursement Claim.

<div>Program</div> <div>013</div>	<div>MANDATED COSTS</div> <div>CHILD ABDUCTION AND RECOVERY</div> <div>REIMBURSEMENT SOURCE SUMMARY</div>		<div>FORM</div> <div>CAR-1.1</div>
(01) Claimant		(02) Fiscal Year	
(03) Enter the information for columns (a) through (d).			
(a) Cost Component	(b) Case Number or Name	(c) Reimbursement Source	(d) Amount
(04) Total			

<b>Program</b> <b>013</b>	<b>CHILD ABDUCTION AND RECOVERY REIMBURSEMENT SOURCE SUMMARY Instructions</b>	<b>FORM CAR-1.1</b>
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- (01) Enter the name of the claimant.
- (02) Enter the year for which costs were incurred. A separate form CAR-1.1 must be completed for each fiscal year's claim.
- (03) (a) List the cost component (1) Compliance with Court Orders or (2) Court Costs for Out-of-Jurisdiction Cases.
- (b) Enter the case number or name of the child.
- (c) Enter the reimbursement source.
- (d) Enter the amount of reimbursement for the custody of minor programs the county has received from defendants, other individuals, or the State Foster Care Program.
- (04) Total the amount of reimbursement received and carry this amount to form CAR-1, line (10), Other Reimbursements.

<b>Program</b> <div style="font-size: 24pt; font-weight: bold;">013</div>	<b>MANDATED COSTS</b> <b>CHILD ABDUCTION AND RECOVERY</b> <b>COMPONENT/ACTIVITY COST DETAIL</b>						<b>FORM</b> <b>CAR-2</b>
(01) Claimant				(02) Fiscal Year			
(03) Reimbursable Component: Check only <b>one</b> box per form to identify the component being claimed. <div style="display: flex; justify-content: space-around; margin-top: 5px;"> <span><input type="checkbox"/> Compliance with Court Orders</span> <span><input type="checkbox"/> Court Costs for Out-of-Jurisdiction Cases</span> </div>							
(04) Description of Expenses				<b>Object Accounts</b>			
(a)	(b)	(c)	(d)	(e)	(f)	(g)	(h)
Employee Names, Job Classifications, Functions Performed, and Description of Services and Supplies	Hourly Rate or Unit Cost	Hours Worked or Quantity	Salaries	Benefits	Services and Supplies	Fixed Assets	Travel and Training
(05) Total <input type="checkbox"/> Subtotal <input type="checkbox"/> Page: ____ of ____							



<b>Program</b> <b>013</b>	<b>CHILD ABDUCTION AND RECOVERY</b> <b>COMPONENT/ACTIVITY COST DETAIL</b> <b>Instructions</b>	<b>FORM</b> <b>CAR-2</b>
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- (01) Enter the name of the claimant.
- (02) Enter the year for which costs were incurred. Do not file CAR-2 for an Estimated Claim.
- (03) Reimbursable Components. Check the box that indicates the cost component being claimed. Check only one box per form. A separate form CAR-2 shall be prepared for each cost component that applies.
- (04) Description of Expenses. The following table identifies the type of information required to support reimbursable costs. To detail costs for the component activity box "checked" in block (03), enter the employee names, position titles, a brief description of the activities performed, actual time spent by each employee, productive hourly rates, fringe benefits, supplies used, contract services, etc. **The descriptions required in column (4)(a) must be of sufficient detail to explain the cost of activities or items being claimed. To simplify the claim process, the cost of actual time spent by county staff for activities related to Compliance with Court Orders and Out-of-Jurisdiction Cases may be combined. In addition, costs of fixed assets for both components are claimed under Compliance with Court Orders.** For audit purposes, all supporting documents must be retained by the claimant for a period of not less than three years after the date the claim was filed or last amended, whichever is later. If no funds were appropriated and no payment was made at the time the claim was filed, the time for the Controller to initiate an audit shall be from the date of initial payment of the claim. Such documents shall be made available to the State Controller's Office on request.

Object/ Sub object Accounts	Columns								Submit these supporting documents with the claim
	(a)	(b)	(c)	(d)	(e)	(f)	(g)	(h)	
<b>Salaries</b>	Employee Name	Hourly Rate	Hours Worked	Salaries = Hourly Rate x Hours Worked					
<b>Benefits</b>	Title Activities	Benefit Rate			Benefits = Benefit Rate x Salaries				
<b>Services and Supplies</b>	Description of Supplies Used	Unit Cost	Quantity Used			Cost = Unit Cost x Quantity Used			
Contract Services	Name of Contractor Specific Tasks Performed	Hourly Rate	Hours Worked Inclusive Dates of Service			Cost = Hourly Rate x Hours Worked or Total Cost			Invoice
<b>Fixed Assets</b>	Description of Equipment Purchased	Unit Cost	Usage				Cost = Unit Cost x Usage		Invoice
<b>Travel and Training</b>	Purpose of Trip Name and Title Departure and Return Date	Per Diem Rate Mileage Rate Travel Cost	Days Miles Travel Mode					Total Travel Cost = Rate x Days or Miles	
Travel									
Training	Employee Name/Title Name of Class		Dates Attended					Registration Fee	

- (05) Total line (04), columns (d), (e), (f), (g), and (h) and enter the sum on this line. Check the appropriate box to indicate if the amount is a total or subtotal. If more than one form is needed to detail the component/ activity costs, number each page. Enter totals from line (05), columns (d), (e), (f), (g), and (h) to form CAR-1, block (04), columns (a), (b), (c), (d), and (e) in the appropriate row.